

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-18-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes 99244 and 95869.

### II. FINDINGS

1. The respondent paid \$0.00 based upon "F – A partial procedure code has been billed. The services described by this code are part of a complete or total procedure; N – Documentation does not support the service billed. Carriers may not reimburse the service at another billing codes' value per rule 133.301(B). A revised CPT code or documentation to support the service billed may be submitted.."
3. Total amount in dispute per TWCC-60 is \$222.00.
4. The insurance carrier submitted a timely response to the request for medical dispute resolution.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9-18-02	95869	\$138.00	\$0.00	F	\$74.00	Medicine GR (IV)(C) CPT Code Descriptor	On this date the requestor also billed 95861- Needle EMG, two extremities and related paraspinal areas. 95869 – Needle EMG, limited study of specific muscles (eg. Thoracic spinal muscles). Nerve study report supports testing of "Today EMG nerve conduction velocity as requested by Dr. A in the lower extremities is normal. The lumbar paraspinal however, there is increase activity in the mid and lower lumbar spine. The thoracic paraspinal at the levels reported are normal." The report does not support separate billing for 95869 areas tested were 2 extremities and related paraspinal areas; therefore, no reimbursement is recommended.

11-19-02	99244	\$336.00	\$0.00	N	\$148.00	Evaluation & Management GR (IX)	Consult report supports billed service per MFG, reimbursement of \$148.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$148.00.</b>

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 99244 in the amount of **\$148.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$148.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 3<sup>rd</sup> day of June 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division